

FILED NOV 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35882

State File No.

BIRTH NO. REG. DIST. NO. 328 PRIMARY REG. DIST. NO. 3073 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <u>SCOTT</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>SCOTT</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>CHAFFEE</u>		c. LENGTH OF STAY (in this place) <u>0</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>CHAFFEE MO 1001</u>		d. STREET ADDRESS (If rural, give location) <u>130 W. PARTER</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>130 PARTER</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>MOELLIE</u> b. (Middle) <u>MARY</u> c. (Last) <u>FEE</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>OCT. 30 1950</u>			
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>Jan 17-1874</u>	
9. AGE (In years last birthday) <u>76</u>		10. IF UNDER 1 YEAR Months <u>4</u>		11. IF UNDER 2 HRS. Hours <u>13</u>		12. IF UNDER 15 HRS. Min. <u>13</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>House</u>			
11. BIRTHPLACE (State or foreign country) <u>CLINTON MO</u>				12. CITIZEN OF WHAT COUNTRY? <u>U</u>			
13a. FATHER'S NAME <u>MAXILLIAN STRAUCH</u>				13b. MOTHER'S MAIDEN NAME <u>ADALINE</u>			
14. NAME OF HUSBAND OR WIFE <u>B. H. FEE</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>-</u>			
16. SOCIAL SECURITY NO. <u>4</u>				17. INFORMANT'S SIGNATURE OR NAME <u>RECORD</u>			
18. ADDRESS <u>MAXILLIAN STRAUCH</u>				19. ADDRESS <u>B. H. FEE</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. - It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Heart Disease</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Overweight</u>			
19a. DATE OF OPERATION <u>10-2</u>				19b. MAJOR FINDINGS OF OPERATION <u>Overweight</u>			
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>CHAFFEE MO</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>10-30</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Heart Attack</u>					
22. I hereby certify that I attended the deceased from <u>10-2</u> , 19 <u>50</u> , to <u>10-30</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>10-30</u> , 19 <u>50</u> , and that death occurred at <u>10-30</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. B. H. Fee</u>				23b. ADDRESS <u>CHAFFEE MO</u>			
23c. DATE SIGNED <u>11-4-50</u>							
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIED</u>		24b. DATE <u>Nov 1-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>CHAFFEE MO</u>	
DATE REC'D BY LOCAL REG. <u>Nov 4-50</u>		REGISTRAR'S SIGNATURE <u>Mrs. Fred Buehling</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mr. T. H. Chaffee</u>		ADDRESS <u>CHAFFEE MO</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED NOV 8 1950
SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 1150-1

NOV 14 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No.

Signed

C. J. Loring

Licensed Embalmer No. 3810

P. O. Address Cape Girardeau, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.